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<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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TOTAL IND.	✓		↓		↓		↓		↓	
TOTAL DEP.	✓		↔		↔		↔		↔	
TOTAL CLAIMS	✓									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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